

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	15	32	2/2
FORMALITY REVIEW	ET	926	104-12-01
RESPONSE FORMALITY REVIEW	TZ	942	09/19/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	8/2
2	✓	✓	1/6
3	✓	✓	1/13
4	✓	✓	1/16
5	✓	✓	1/15
6	✓	✓	1/16
7	✓	✓	1/16
8	✓	✓	1/16
9	✓	✓	1/16
10	✓	✓	1/16
11	✓	✓	1/16
12	✓	✓	1/16
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46	✓	✓	1/16
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49	✓	✓	1/16
50	✓	✓	1/16

Claim	Final	Original	Date
51	✓	✓	8/2
52	✓	✓	1/6
53	✓	✓	1/13
54	✓	✓	1/16
55	✓	✓	1/15
56	✓	✓	1/16
57	✓	✓	1/16
58	✓	✓	1/16
59	✓	✓	1/16
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100	✓	✓	1/16

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy

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 4-12-01

104
 10-12-01
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